## **STATEMENT OF**

FORM 1	ORGANIZATION (See instructions)	Office use only
NAME OF COMMITTEE (in	(Check if name Example: If typyir is changed) over the lines	g, type 12FE4M5
CONCERNED	WOMEN FOR AMERICA LEGISLATIVE ACTION CO	MMITTEE POLITICAL ACT-
	PO Box 66680	
ADDRESS (number and	treet)	
(Check if address is changed)	Washington	DC 20035 _
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	info@cwpac.org	
COMMITTEE'S WEB	PAGE ADDRESS (URL)	
(Check if address is changed)	www.cwpac.org	
2. DATE 0 3	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICA	TION NUMBER C C00375865	
4. IS THIS STATEM	ENT X NEW (N) OR AMENI	DED (A)
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is tr	ue, correct and complete
Type or Print Name of	Treasurer Lee LaHaye	
Signature of Treasurer	Electronically Filed by Lee LaHaye	Date 03 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	se, erroneous, or incomplete information may subject the person sign	
Office Use Only		nformation contact: ion Commission -424-9530 (Revised 02/2009)